## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2006 08:00 AN Secretary of State

ANNUAL REPORT				Apr 20, 2000 08:00 A		
DOCU	MENT # P000000995	511			Secretary of State	
1. Entity Nan	ne	•			Scoretary or State	
OPEN H	ORIZENS CENTER, INC.					
		•		_		
1 '	ce of Business	Mailing Address				
	O7TH AVENUE	1401 SW 107TH AVENUE				
SUITE 301     MIAMI, FL 3		SUITE 301-H MIAMI, FL 33174				
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				01042006	No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe	er Applied For	
				65-104	*·	
					\$9.75 Additional	
				5. Certificate	of Status Desired  Fee Required	
	6. Name and Address of Current Re	gistered Agent	-		· · · · · · · · · · · · · · · · · · ·	
DATISTA	SECUNDO			-	THE PERSON NAMED IN CO. OF PERSON NAMED IN	
BATISTA, SEGUNDO 1401 SW 107TH AVENUE			DO NOT WRITE			
SUITE 301-H			INI THE OPACE			
MIAMI, FL	. 33174			IN	THIS SPACE	
	$\wedge$					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.						
130/11/0/						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.   Added to Fees						
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	LJ Add	ed to Fees	E transportation in the	
10.	OFFICERS AND DI	RECTORS	<u> </u>		<u> </u>	
TITLE	PD		1		05/02/06-80105-011 150.00	
NAME	BATISTA, SEGUNDO		1			
STREET ADDRESS	1401 SW 107TH AVENUE		1			
CITY-ST-ZIP	MIAMI, FL 33174	· · · · · · · · · · · · · · · · · · ·	.]			
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NAME						
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CITY-ST-ZIP	<u> </u>					
12. I hereby of indicated	certify that the Information supplied with the on this report or supplemental report is in	is filing does not qualify for the ex-	emptions contained	in Chapter 119	), Florida Statutes. I further certify that the information	
12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.						
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SIGNATURE AND TYPED OF ARINTED NAME OF STURING OFFICER OF BIRECTOR

SIGNATURE: \_